

## UNITED STATES DISTRICT COURT

JAN 02 2019

for the  
Western District of VirginiaJULIA C. DUDLEY, CLERK  
BY: *K. Dotson*  
DEPUTY CLERK

Harrisonburg Division

Junior McLeod

Case No. 5:19 CV 00001  
(to be filled in by the Clerk's Office)

## Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Northwestern Community Service Board

Jury Trial: (check one)  Yes  No

## Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

## COMPLAINT FOR A CIVIL CASE

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Junior McLeod
Street Address	10349 Lantern Lane
City and County	Hagerstown
State and Zip Code	Maryland 21740
Telephone Number	240-313-8061
E-mail Address	jpmcleod3636@yahoo.com

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

## Defendant No. 1

Name	<u>Northwestern Community Service Board/ NON Profit Organization</u>
Job or Title ( <i>if known</i> )	
Street Address	<u>209 West Criser Road</u>
City and County	<u>Front Royal</u>
State and Zip Code	<u>VA 22630</u>
Telephone Number	<u>540-636-4250/ 540-636 -2931</u>
E-mail Address ( <i>if known</i> )	

## Defendant No. 2

Name	
Job or Title ( <i>if known</i> )	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address ( <i>if known</i> )	

## Defendant No. 3

Name	
Job or Title ( <i>if known</i> )	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address ( <i>if known</i> )	

## Defendant No. 4

Name	
Job or Title ( <i>if known</i> )	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address ( <i>if known</i> )	

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

Federal question  Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Title VII of the civil rights ACT of 1964, as Amended, 42U.S.C 2000e

**B. If the Basis for Jurisdiction Is Diversity of Citizenship****1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, (name) \_\_\_\_\_, is a citizen of the State of (name) \_\_\_\_\_

**b. If the plaintiff is a corporation**

The plaintiff, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_ and has its principal place of business in the State of (name) \_\_\_\_\_

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

**2. The Defendant(s)****a. If the defendant is an individual**

The defendant, (name) \_\_\_\_\_, is a citizen of the State of (name) \_\_\_\_\_ Or is a citizen of (foreign nation) \_\_\_\_\_

b. If the defendant is a corporation

The defendant, (name) \_\_\_\_\_, is incorporated under  
the laws of the State of (name) \_\_\_\_\_, and has its  
principal place of business in the State of (name) \_\_\_\_\_.  
Or is incorporated under the laws of (foreign nation) \_\_\_\_\_,  
and has its principal place of business in (name) \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

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**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

I was terminated by my employer under the pretense, that i had engage in behavior described by my employer, as constituting harassment, bullying spreading rumors, sabotaging, disrespectful behavior and unprofessional conduct toward supervisors and intimidating co-workers. Without providing a basis for the charges against me. In addition, i was unjustifiably suspended without reason or explanation by my employer. Although not cited by my employer as the reason why i was charged with violating work place policies and procedures. i am of the belief, that i am being discriminated against, based on my race and ethnicity, because i had a conversation with Caucasian female co-worker, wherein i suggested that maybe some of our other co-workers, myself and her could maybe go

**IV. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

As a result of my employer discriminatory action, i lost my source of income fell behind in my bill, credit cards, car payment and my mortgage and was unable to find comparable work and was force to take on the only available part time job i found to support my family. As a result of my employer's actions i am financial strapped and barely i able to support my family. In addition to the monetary damages, i am seeking a refund of all cost and fees from defendant that is associated with my bringing of this law suit. I am seeking damages in the sum of one million dollars.

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 12/22/2018

Signature of Plaintiff Junior McLeod

Printed Name of Plaintiff Junior McLeod

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney \_\_\_\_\_

Printed Name of Attorney \_\_\_\_\_

Bar Number \_\_\_\_\_

Name of Law Firm \_\_\_\_\_

Street Address \_\_\_\_\_

State and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

## UNITED STATES DISTRICT COURT

for the

Western District of Virginia

Harrisonburg \_\_\_\_\_ Division

Junior McLeod

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

10349 Lantern Lane Hagerstown Md 21740

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Jury Trial: (check one)  Yes  No

Northwestern Community Service Board

209 W Criser Rd Front Royal VA 22630

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

## COMPLAINT FOR EMPLOYMENT DISCRIMINATION

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Junior McLeod
Street Address	10349 Lantern Lane
City and County	Hagerstown
State and Zip Code	Maryland 21740
Telephone Number	2403138061
E-mail Address	jpmcleod3636@yahoo.com

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

## Defendant No. 1

Name	Northwestern Community Service Board
Job or Title ( <i>if known</i> )	
Street Address	209 West Criser Road
City and County	Front Royal
State and Zip Code	VA 22630
Telephone Number	(540) 636-2931
E-mail Address ( <i>if known</i> )	

## Defendant No. 2

Name	
Job or Title ( <i>if known</i> )	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address ( <i>if known</i> )	

## Defendant No. 3

Name	
Job or Title ( <i>if known</i> )	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address ( <i>if known</i> )	

## Defendant No. 4

Name	
Job or Title ( <i>if known</i> )	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address ( <i>if known</i> )	

**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is

Name	Northwestern Community Service Board
Street Address	209 west Criser rd
City and County	Front Royal
State and Zip Code	VA 22630
Telephone Number	(540) 636-2931

**II. Basis for Jurisdiction**

This action is brought for discrimination in employment pursuant to (*check all that apply*):

Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*

Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

Other federal law (*specify the federal law*):

Relevant state law (*specify, if known*):

Relevant city or county law (*specify, if known*):

**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

**A. The discriminatory conduct of which I complain in this action includes (check all that apply):**

Failure to hire me.  
 Termination of my employment.  
 Failure to promote me.  
 Failure to accommodate my disability.  
 Unequal terms and conditions of my employment.  
 Retaliation.  
 Other acts (specify): \_\_\_\_\_

*(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)*

**B. It is my best recollection that the alleged discriminatory acts occurred on date(s)**

Around April 24th 2018 and again May 31st 2018

**C. I believe that defendant(s) (check one):**

is/are still committing these acts against me.  
 is/are not still committing these acts against me.

**D. Defendant(s) discriminated against me based on my (check all that apply and explain):**

<input checked="" type="checkbox"/>	race	Caribbean
<input checked="" type="checkbox"/>	color	Black
<input type="checkbox"/>	gender/sex	_____
<input type="checkbox"/>	religion	_____
<input checked="" type="checkbox"/>	national origin	Trinidadian
<input type="checkbox"/>	age (year of birth)	(only when asserting a claim of age discrimination.)
<input type="checkbox"/>	disability or perceived disability (specify disability)	_____

**E. The facts of my case are as follows. Attach additional pages if needed.**

I was terminated by my employer under the pretense, that i had engage in behavior described by my employer, as constituting harassment, bullying, spreading rumors, sabotaging, disrespectful behavior and unprofessional conduct toward supervisors and intimidating co-workers. Without providing a basis for the charges against me. In addition, i was unjustifiably suspended without reason or explanation by my employer. Although not cited by my employer as the reason why i was charged with violating work place policies and procedures. i am of the belief, that i am being discriminated against, based on my race and ethnicity, because i had a conversation with Caucasian female co-worker, wherein i suggested that maybe some of our other co-workers, myself and her could maybe go out for drinks on a Friday after +

*(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)*

#### IV. Exhaustion of Federal Administrative Remedies

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

B. The Equal Employment Opportunity Commission *(check one):*

has not issued a Notice of Right to Sue letter.

issued a Notice of Right to Sue letter, which I received on (date) 09/19/2018

*(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)*

C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one):*

60 days or more have elapsed.

less than 60 days have elapsed.

#### V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

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## VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 12/22/2018

Signature of Plaintiff Junior McLeod

Printed Name of Plaintiff Junior McLeod

### B. For Attorneys

Date of signing: \_\_\_\_\_

Signature of Attorney \_\_\_\_\_

Printed Name of Attorney \_\_\_\_\_

Bar Number \_\_\_\_\_

Name of Law Firm \_\_\_\_\_

Street Address \_\_\_\_\_

State and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_